

83954

Ship May 17th Page 1

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 5/4/2012 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 5/24/2012 **Req'd Qty:** 1.00 *** 1 ***

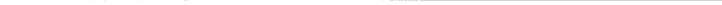
Customer:

Run Start *NR1*

Approvals: Process Plan: mf Date: 12-04-30 Tooling: _____ Date: _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Draw Nbr	Revision Nbr	
IIN-D407-797-1	B	

0.00

DOCUMENT CONTROL

Memo

0.00

Document Control

Photocopy bluefile & type labels per PPPD407-797-012 CHG003

Pick Kit

0.00

110

Packaging

Memo

0.00

Packaging

****Mask label plate to size of D4307 label, use scotchbrite red pad to lightly sand area for label, apply label ****

QC5- Inspect part completeness to step on W/O

0.00

115

QC

Memo

0.00

Quality Control

Inspect label on lid

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 83954***83954***

Page 2

Monday, April 30, 2012 11:19:00 AM

Item ID: D407-797-012

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Heli-Utility Basket, Heavy Duty Lid, RH

Start Date: 5/4/2012 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 5/24/2012 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

QC4- 100% Inspect kits for completeness

0.00

120

QC

Memo

0.00

Quality Control

130

Pick Kit

0.00

130

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D407-797-012

Location: _____

PPP rev: _____

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

12/5/15

MCJ 12/05/15

MF 12-05-15

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
 Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Monday, April 30, 2012 11:19:00 AM

Page 1

Work Order ID: 83954

Parent Item: D407-797-012

Parent Item Name: Heli-Utility Basket, Heavy Duty Lid, RH

Start Date: 5/4/2012

Required Date: 5/24/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 10.11.29 new issue DD verf:JLM IPP Rev:B 11.02.09 as per IIN
rev.A DD verf:JLM IPP Rev:C 11.09.12 @ chg 002 DD verf:EC
IPP REV:B 12.03.06 AS PER ECN12-535 DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
S D407-797-111 Basket Mounting Installation	CHC7602	Manufactured	No			110	Each	0.0000	B ¹	53960	SP		
S D4272-012 Basket Assembly, Heavy Duty Lid, RH		Manufactured	No			110	Each	0.0000	1	383955	SP		
D4307-250 Placard, Max Load		Manufactured	No			110	Each	5.0000	1				

Location

ST139E

66331

Loc Qty

5

5

Loc Code

1

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries